

# Congressman Luis G. Fortuño

US House of Representatives

126 Cannon HOB

Washington DC 20515

## INTERNSHIP APPLICATION

Name: \_\_\_\_\_  
Last First Middle

Permanent Address:

\_\_\_\_\_  
Street City State Zip Code

Permanent Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Name and Address of Parent(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Male ( ) Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

### EDUCATION:

School: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

Major: \_\_\_\_\_

Academic Status: (Fr., Soph., Jr., or Sr.) \_\_\_\_\_ G.P.A.: \_\_\_\_\_

Will you receive school credit for this internship? ( ) Yes ( ) No